

Name in Full

Certificate of Death

Sarah Ann Barnes

No 9.

Died at <sup>Town</sup> Taylorsville <sup>County</sup> Carroll

MARYLAND

Date 1962 <sup>Month</sup> 4 <sup>Day</sup> 5 <sup>Y.</sup> Age 75 <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Ma <sup>Occupation</sup>~~Male~~

White

~~Married~~

Widow

Divorced

Female

Colored

SingleWidower

Number of children living

6

Husband  
of  
WifeFather's  
NameMother's  
Maiden NameCause of <sup>Primary</sup>

Paralysis

66.

How long sick

4 weeks

Death <sup>Immediate</sup>

Accident, Suicide, Homicide

Reported by

C P Baile

Address

1141 W. W. W. W. W.

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



227 *W. C. Bird*  
 Town *Westminster* County *Carroll* MARYLAND  
 Died at

Date 19 *Apr 13* Age *28-00* Native of *Pa.* Occupation *Laborer*  
 Male ☒ White ☒ Married ☐ Widow ☐ Divorced  
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *0*

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

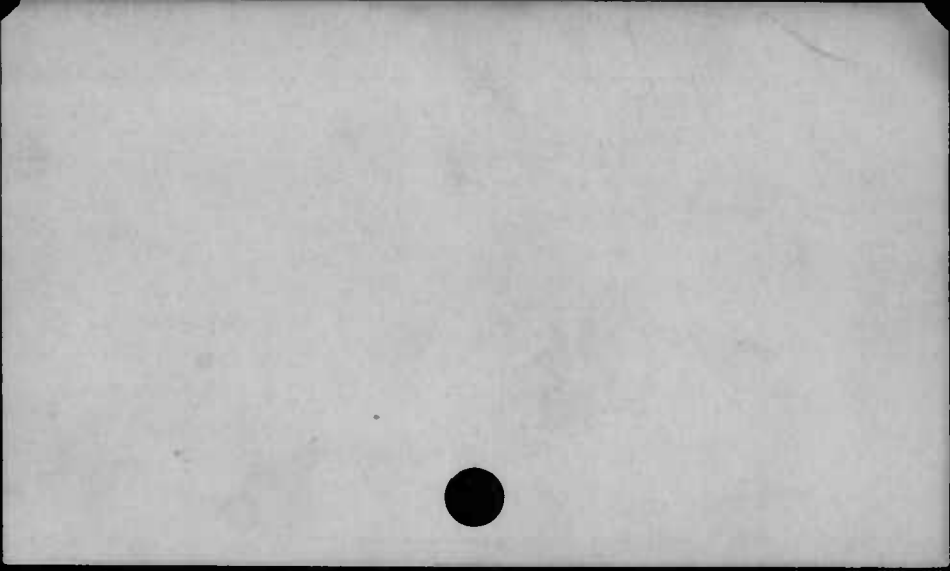
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 Maiden Name \_\_\_\_\_

Cause of Death { Primary *accident* Immediate *concussion of Brain* How long sick *166*  
 Accident, Suicide, Homicide

Reported by *Chas. R. Foutz, M.D.*

Address *Westminster, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Emma Bowen

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4 - 11

Age

27-10-15

Ind -

wife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

3

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bernard Bowen

Ed. Becraft

Lizzie White

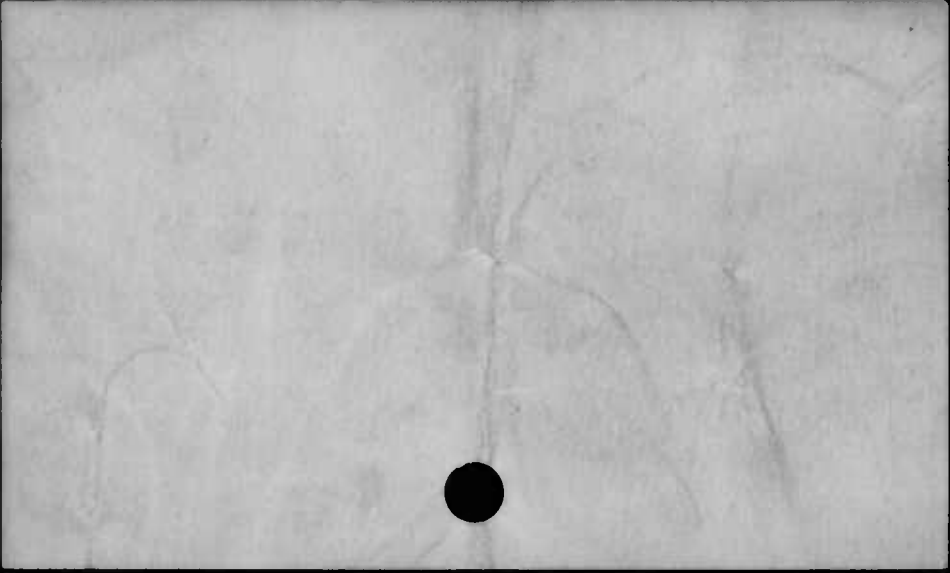
Inflammatory Rheumatoid Pneumonia

Endocarditis

3 weeks

H. W. E. T. Bolte M.D.

Harrisonville, Md.



Name in Full

Certificate of Death

Norman Bowers

Town

County

Died at

MARYLAND

Date 1902      Month 4      Day 1      Age 18      Y. M. D.      Native of Ind      Occupation Laborer  
 Male      White      Married      Widow      Divorced  
~~Female~~      ~~Colored~~      Single      Widower      Number of children living

 Husband  
 of  
 Wife

Father's Name M. Fillmore Bowers      Mother's Maiden Name Harner

Cause of Primary

Death Immediate

Intussusception

How long sick

108  
9 days

Accident, Suicide, Homicide

Reported by

J. Birnie M. L.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Died at

Date

Male

Husband

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

~~Female~~

Susan E Cook

Mother's

Name

Primary

Immediate

Cerebral Embolism

How long sick

Accident, Suicide, Homicide

C. W. H. Dover M.D.

Taneytown  
Md

LIBRARY BUREAU, 79706



Name in Full

Certificate of Death

Rhodric Worsey,

Town

County

Died at

Franklinville

Carroll

MARYLAND

Date 1902 4 24 Age 85-10-20 Male White Married Widowed Divorced Native of Md Occupation Merchant

Female Colored Single Widower Number of children living One

~~Handwritten~~  
or

Father's

Name

Wenris Worsey

Mother's

Name

Myria Worsey

Cause of

Primary

Paralysis

How long sick

3 months

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

J.P. Walt &amp; Son

Address

Winfield, Carroll Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name in Full

Certificate of Death

Leonhardt Dotternick

Town

County

Died at

Springfield State Hospital - Carroll Co.

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

April

8th

Age

67

-

-

Germany

Laborer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Chronic Nephritis

How long sick

about 2 wks.

Death

Immediate

Eph. amonion

~~Accident, Suicide, Homicide~~

Reported by

Chas. J. Carey M.D.

Address

Sykesville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 8596R



Name In Full

Certificate of Death

Mrs Frances Duerbeck

Died at <sup>Town</sup> Sykesville <sup>County</sup> Carroll MARYLAND

Date 1904 <sup>Month</sup> Apr <sup>Day</sup> 10 <sup>Age</sup> 67 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Germany <sup>Occupation</sup>

~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~

~~Female~~ <sup>Colored</sup> ~~Single~~ <sup>Widower</sup> <sup>Number of children living</sup> 4

Husband of Conrad Duerbeck - Deceased -

Wife <sup>Father's</sup> <sup>Mother's</sup>

Name Don't Know Maiden Name Ballum

Cause of <sup>Primary</sup> Softening Brain <sup>How long sick</sup> 10 or 12 mos -

Death <sup>Immediate</sup> Apoplectic Failure <sup>Thrombosis</sup> <sup>Accident, Suicide, Homicide</sup>

Reported by Daniel B. Sprecher

Address Sykesville Md 65

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Sarah A Franklin

Town

County

Died at

Taylorsville Carroll

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4 24

Age 66

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Bright Disease

How long sick

1 year

Death

Immediate

Accident, Suicide, Homicide

Reported by

F. G. Brooks M.D.

Address

Marston Carroll Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

22<sup>0</sup> Carl Fryzell

Town

County

Died at

Gauley

Carroll

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	4	3	16	-	-	Ind	"
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband  
of  
WifeFather's  
Name

Geo. Fryzell

Mother's  
Name

Cause of

Primary

Death

Immediate

Consumption

How long sick

Accident, Suicide, Homicide

Reported by

Jas. Stover

Address

Westminster, Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 78708

bury at M.E. Gamber

Name in Full

Certificate of Death

Catharine

Garrett

Town

County

Died at

MARYLAND

Died at *Melrose* *Carmell*  
 Month Day Y. M. D Native of Occupation  
 Date *1891* *1902* *April* *25<sup>th</sup>* Age *75* *11* *25* *Maryland*  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living *3*

Husband  
Wife

*David Garrett deas*

Father's

Mother's

Name

Name

*Geo. Pace*

*Margaret Brown*

Cause of

Primary

*Atheroma*

How long sick

*5 days*

Death

Immediate

*Congestion of Lungs*

Accident, Suicide, Homicide—

Reported by

*John S. Siegel M.D.*

*81*

Address

*Melrose Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708



Name in Full

Certificate of Death

Died at

Date

Male

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y

M.

D.

Native of

Occupation

Age

White

~~Married~~~~Widow~~~~Never~~~~Colored~~

Single

~~Widower~~

Number of children living

~~Female~~

of

Mother's

Name

How long sick

Primary

Immediate

Accident, Suicide, Homicide

Address

LIBRARY BUREAU, 79706





Name in Full

Certificate of Death

224  
Town

County

Died at

Gamber

Carroll

MARYLAND

Date 189-1902

Month

Day

Y.

M.

D.

Native of

Occupation

Apr 9

Age

7 5

mol

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Chas Huff

Mother's

Name

Julia Zeph

Cause of

Primary

Catarrhal Pneumonia

How long sick

1 week

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Dr. S. N. Bonnell

Address

Gamber

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Baillie

Name in Full

Certificate of Death

Died at *Blanch J. Johns*  
 Town *Wells* County *Carroll* MARYLAND  
 Date 19*02* Month *Apr* Day *2* Age *32-2* Y. M. D. Native of *Md.* Occupation *Housework*  
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widowed ~~Widower~~ Divorced ~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Herman P. Keck*

Town

County

Died at

*Manchester Carroll*

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
<i>1902</i>	<i>April</i>	<i>27</i>	<i>75</i>	<i>6</i>	<i>9</i>	<i>Germany</i>	<i>Farmer</i>
<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> White	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Widow	<input type="checkbox"/> Divorced			
<input type="checkbox"/> Female	<input type="checkbox"/> Colored	<input type="checkbox"/> Single	<input type="checkbox"/> Widower	Number of children living		<i>6</i>	

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

*"Bronchitis, Chronic"*

How long sick

*3 months*

Death

Immediate

*Asthma & Dropsy*

*Accident, Suicide, Homicide*

Reported by

Address

*J. F. R. Weaver, M.D.*  
*Manchester Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr.

of

*J. F. B. Wears*  
*Manchester Md.*

Seen by Coroner

of

Information contained in this certificate received from

of

Name in Full

Certificate of Death

Daniel Tyler ✓

10

Died at *Tennings*

Town

*Carroll*

County

MARYLAND

Date 1962

Month

Day

Age 69.9

Y.

M.

D.

Native of

Occupation

*md**Farmer*

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

5

Husband  
of  
WifeFather's  
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

*Cancer*

45

How long sick

*one year*

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

22<sup>3</sup>

Died at

Date

Husband

Father's

Name

Cause of

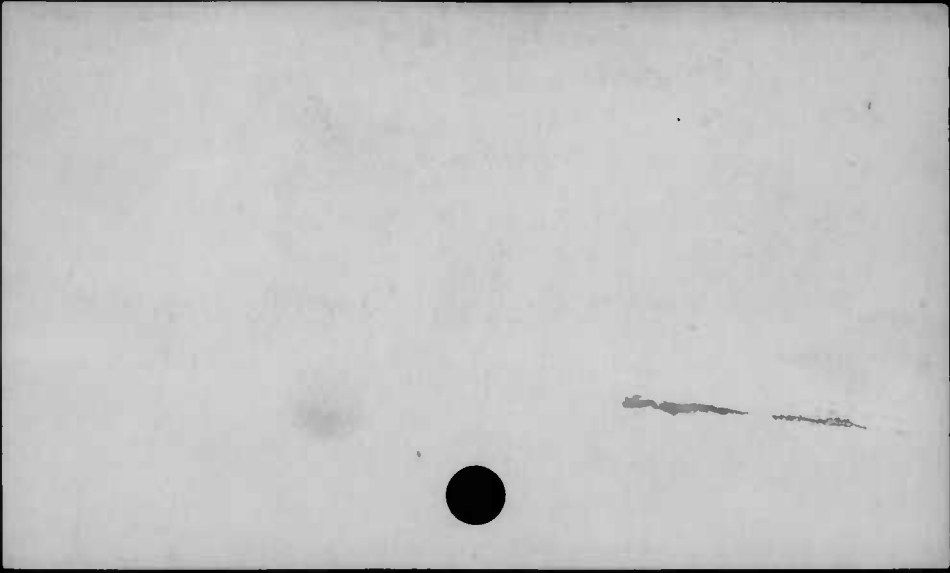
Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

George A. Krouse  
 Westminster Carroll MARYLAND  
 1902 April 6<sup>th</sup> Age 82-9-2 Maryland Machinist  
 Male White Married Widower Number of children living X  
 Annie Oursler  
 John Krouse Sarah Eckard  
 Cause of Primary Heart Failure How long sick  
 Death Immediate Old age Accident, Suicide, Homicide  
 Reported by B. E. Franklin M.D.  
 Address Westminster Md



Name in Full

Certificate of Death

22<sup>1</sup> Martha Lee

Town

County

Died at

Bachman Valley

Carroll

MARYLAND

Date 189	Month 2	Day 4	3	Y. 32	M. 11	D. 26	Native of Md.	Occupation Housewife
Male	White	Married		Widow		Divorced		
Female	Colored	Single		Widower		Number of children living	2	

Husband

of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Beggs Chapel

Name in Full

Certificate of Death

226 Hester A. Lowrey

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April 11

Age

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Old age

154

How long sick 6 months

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Jas. H. Bingham M. D.  
Westminster Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

westerns Counting

Thomas McNeal

Town

County

Died at

Springfield State Hospital Carroll Co.

MARYLAND

1902 April 28" Age 35 - - - Md. Laborer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband  
of  
Wife

Father's  
Name

Michael McNeal

Mother's  
Name

Mary

Cause of Primary

Acute mania

How long sick

about 8 days

Death Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

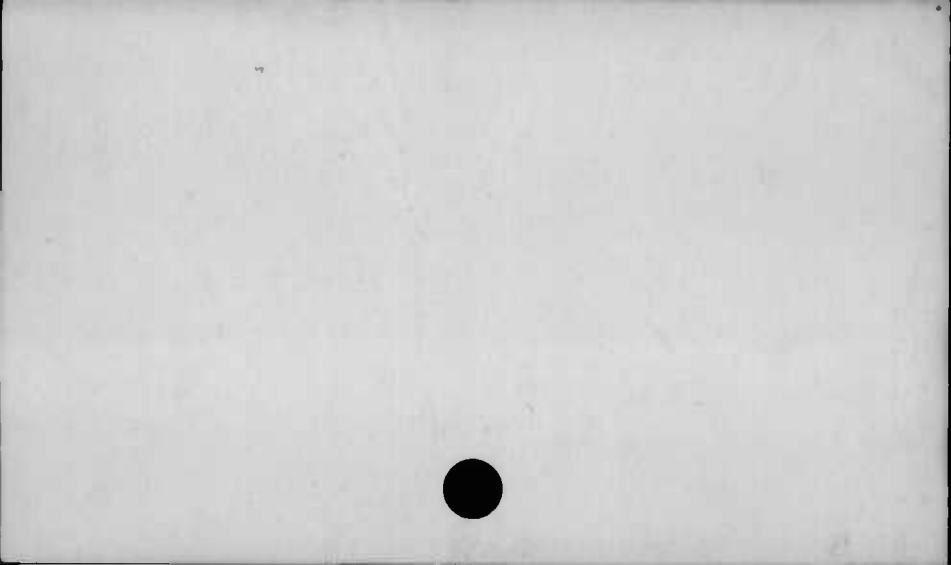
Chas J. Carey M.D.

Address

Exptsville

md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





54

Milton A. Mackley

Town

County

MARYLAND

Died at

Middleburg

Carroll

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4

25

Age

46

11

8

Carroll Co

Farmer

Male

White

Married

~~Widow~~

~~Divorced~~

~~Female~~

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

Six

Husband

of

Wife

Mary H. Mackley

Father's

Name

Jacob Mackley

Mother's

Maiden Name

Lucinda Harbaugh

Cause of

Primary

Abdominal Injury

How long sick

4 days

Death

Immediate

Secondary Shock

166

Accident, Suicide, Homicide

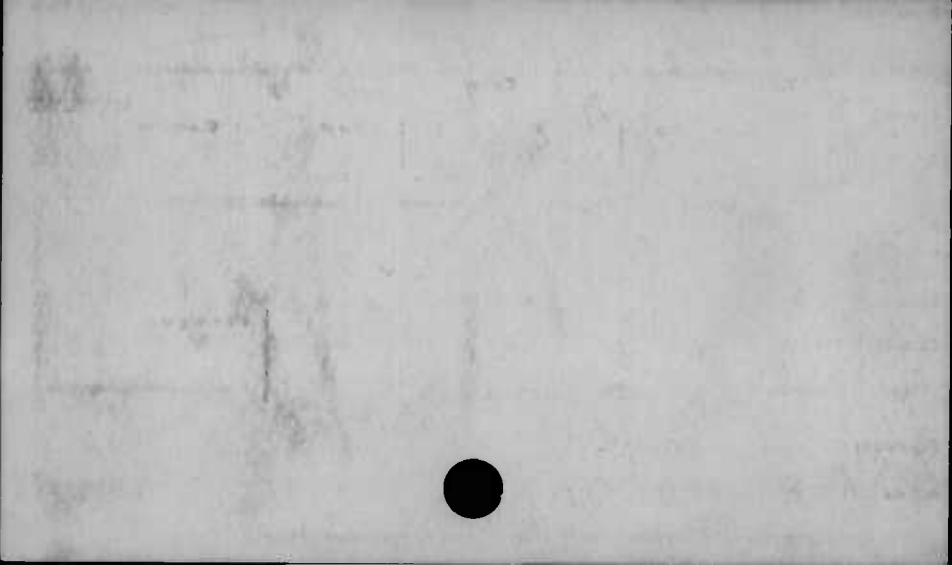
Reported by

W. L. Brown

Address

Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Rachel V. Mann

Town

County

Died at

Sandyville

Carroll

MARYLAND

Date

1902 April 11

Age

67-11-18

Native of

Md

Occupation

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

7

husband of

Wife

Father's

Name

Conrad Mann

Mother's

Philip Slater

Maiden Name

Elizabeth Snyder

Cause of

Primary

Paralysis

How long sick

one year

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Address

Thomas J. Coonan M.D.  
Westminster

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72908

Sandyville

Marshal Augustus Pickett

Town

County

Died at

Day

Carroll

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	April	12	60	5	21	Maryland	Farmer
Male	White	<del>Married</del>	Widow	Divorced			
<del>Female</del>	<del>Colored</del>	Single	Widower	Number of children living			

Husband  
of

Father's Name Winchester Pickett

Mother's

Name

Annora Pickett

Cause of	Primary	How long sick
Death	Immediate	3 weeks
	Acute Pulmonary Congestion	Accident, Suicide, Homicide

Reported by

E D Cronk

M.D.

Address

Winfield

Carroll Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Pearlie Jane Rheubottom  
 Town, County

Died at

Winfield

Carroll

MARYLAND

Date 1902 ~~Mar~~ Apr 17 Month Day Y. M. D. Native of Occupation  
 1902 ~~Mar~~ Apr 17 13 9 Maryland  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living

Husband  
 of

Wife

Father's Name Samuel Rheubottom

Mother's Name Mary O Rheubottom

Cause of Death { Primary Pneumonia  
 Immediate Pneumonia

How long sick  
 5 days

Accident, Suicide, Homicide

Reported by E D Cronk

M. D.  
 Carroll

Address Winfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

27<sup>th</sup> Helen Josephine  
 Town County

Stockdale

Died at East View

Carnall

MARYLAND

Date 1902 Apr 6<sup>th</sup> Age 34-11-3  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 2

Husband  
 of

Bradley Stockdale

Wife

Father's

Name

Joshua Magee

Mother's

Name

Mary Orndorff

Cause of

Primary

Pulmonary Tuberculosis

How long sick

1 yr

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

D. N. Conner

Address

Familton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

St John's Cemetery

Name in Full

Certificate of Death

Daniel Teatern

Town

County

Died at Springfield State Hospital By Resville, Carroll County MARYLAND

Date 1902 Month 4<sup>th</sup> Day 9<sup>th</sup> Y. M. D. Age 53 Native of Md Occupation Janitor

Male White Married Widowed Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widowed~~ Number of children living 5

Husband of Elmira Teatern

Father's Name ? Mother's Name ?

Cause of Death { Primary Phtisis Pulmonalis  
 Immediate Exhaustion

How long sick 2 1/2 years

Accident, Suicide, Homicide

Reported by John Norfolk Morris M.D.  
 Address By Resville Carroll Co., Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Died at *Mary Surpin* Town *Sykesville* County *Carroll* MARYLAND  
 Date 19 *02* Month *Apr* Day *23* Age *3* Y. M. D. Native of *Carroll* Occupation *—*  
☒ Male ☐ Female ☒ White ☐ Colored ☒ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced Number of children living *—*

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

*20s*  
*about 2 wks*

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Mrs Elizabeth Verney ✓

Died at <sup>Town</sup> Sykesville <sup>County</sup> Carroll MARYLAND

Date 1902 Apr. 22 Age 69 Y. 6 M. 27 D. 27 Native of Md. Occupation Housewife

☒ Male ☐ Female   
 ☒ White ☐ Colored   
 ☒ Married ☐ Single   
 ☐ Widowed ☐ Widower   
 Number of children living 6

Husband of James L Verney - deceased -

Wife of David Horatio Gornall Maiden Name Elizabeth Cochran

Father's Name Elizabeth Cochran Mother's Name

Cause of Death { Primary Carcinoma Uteri & V 12 mos

Death { Immediate Failure of Nervous System

How long sick 12 mos

Accident, Suicide, Homicide

Reported by Daniel B. Sprecher M.D.

Address Sykesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Harriet A Worthington  
 Died at Town Hampstead County Carroll MARYLAND

Date 19 02 7-5- 82-3 md  
 Month Day Y. M. D. Native of Occupation  
 Female White Married Widow Widower  
Colored Single Number of children living 3

Harriet of Benjamin Worthington  
 Wife of  
 Father's Name Benjamin Worthington  
 Mother's Maiden Name

Cause of Death { Primary Old Age 154 How long sick  
 Immediate General debility Accident, Suicide, Homicide

Reported by filed 1902

Address Hampstead

R. G. Gault 11.8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4-26

Age

1-5-

Ind

~~Male~~

White

~~Marrled~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's  
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Died at

Date 19

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Male

White

~~Colored~~~~Single~~~~Widower~~

Number of children living

MARYLAND

Female

One

John V. Zundgraf

Maiden Name

Primary

Immediate

Old age 154  
General debility

How long sick

6 months

Accident, Suicide, Homicide

Jas. H. Billingslee M.D.  
Westminster Md.

